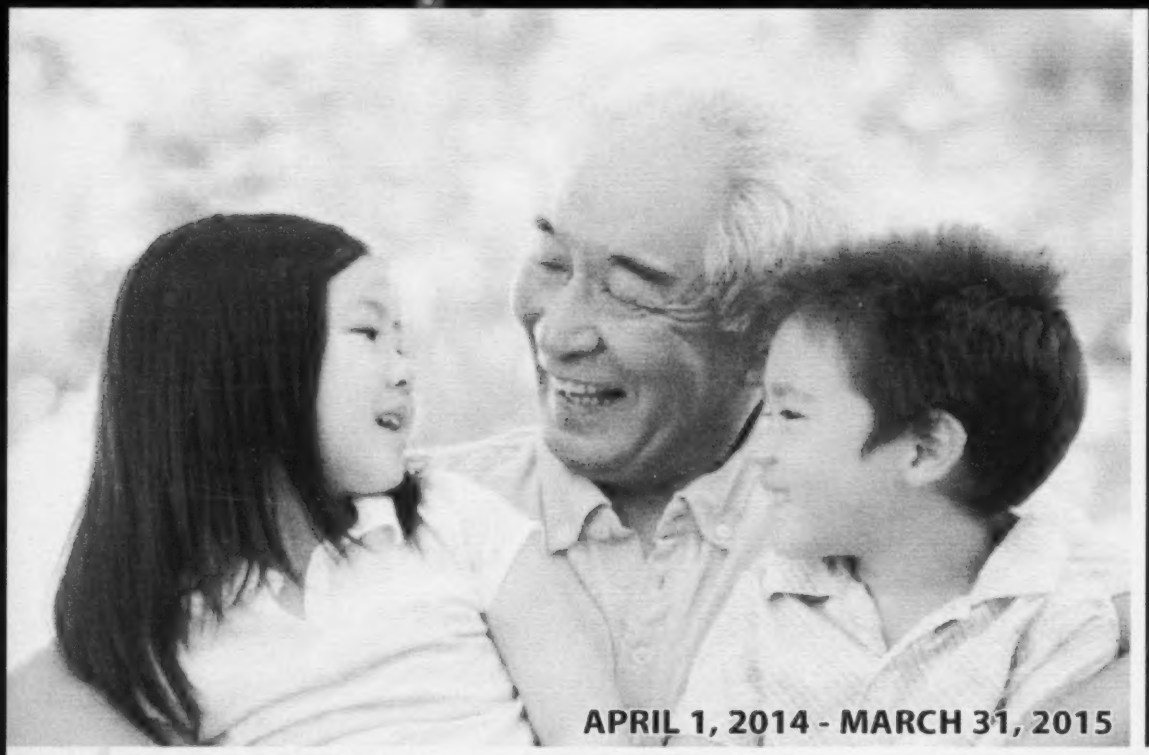

APRIL 1, 2014 - MARCH 31, 2015

2014-2015

BUSINESS PLAN

Health PEI

One Island Health System

Health PEI

One Island Health System

Prepared by: Strategy & Performance

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Chief Executive Officer's Message

As the CEO of Health PEI it is my pleasure to present the 2014-15 Business Plan. This plan identifies the key activities we will be undertaking throughout the organization this year to realize our strategic direction as set out by our Board of Director's in Health PEI's Strategic Plan 2013-16.

As an organization we remain committed to our vision of – *One Island health system supporting improved health for Islanders.* Our organizational goals of enhancing *Quality, Access and Efficiency* within the Island Health Care System continue to guide our priority setting and decision making. We look forward to working with our health care partners throughout the coming year.

Respectfully submitted,

Dr. Richard Wedge
CEO, Health PEI

Purpose of this Document

In April 2013, Health PEI released its new strategic plan which charts the organization's direction for a three year period (2013-16). This foundational document provides a basis for public reporting, guidance for organizational activities and decision-making.

Every year Health PEI's business plan sets forth a course of action and accountability to ensure progress on our strategic plan in accordance with direction from the Department of Health and Wellness. The business plan is prepared each fiscal year and links to the strategic plan by defining key deliverables, milestones, and performance targets for strategic priorities.

For each strategic plan published by Health PEI there are three annual business plans outlining the activities that will be undertaken over the fiscal year. This is the second business plan (2014-15) to stem from the direction provided in Health PEI's 2013-16 strategic plan.

The 2014-15 Health PEI Business Plan is prepared in accordance with the *Health Services Act*, R.S.P.E.I. 1988, c. H-1.6

For a copy of the Strategic Plan 2013-16, visit *healthpei.ca/strategicplan2013-16*

Mission, Values, Vision and Goals

Mission

Our mission statement describes the purpose of Health PEI and reflects the broad functions of the organization as defined in the *Health Services Act*.

Working in partnership with Islanders to support and promote health through the delivery of safe and quality health care.

Values

Core values are integral to our activities and relationships as health care professionals and providers at Health PEI.

Caring: We treat everyone with compassion, respect, fairness, and dignity.

Integrity: We collaborate in an environment of trust, communicate with openness and honesty, and are accountable through responsible decision-making.

Excellence: We pursue continuous quality improvement through innovation, integration, and the adoption of evidence-based practices.

Vision

Our vision statement guides current and future actions and practices of the organization.

One Island health system supporting improved health for Islanders.

Goals

The goals identify our major areas of focus. The future actions of the organization will stem from the following goal statements:

Quality: We will provide safe, quality, and person-centered care and services.

Access: We will provide access to appropriate care by the right provider in the right setting.

Efficiency: We will optimize resources and processes to sustain a viable health care system.

Health PEI Goals

The goals identified in Health PEI's 2013-16 Strategic Plan set out the organization's major areas of focus. The current and future actions of the organization stem from these goals and objectives. Each of the organization's strategic priorities identified for the coming year is directly linked to one of the organization's three goals and a specific objective. Therefore, all of the efforts being made in the priority areas are done so with the aim to improve the *Quality, Access and Efficiency* of Health PEI's care and services.

GOAL 1 – QUALITY

We will provide safe, quality, and person-centered care and services

Objective 1.1 Ensure appropriate patient safety standards are met

Health PEI is accountable for the quality and safety of care provided by the organization. Research demonstrates that when governing bodies are engaged in overseeing quality, their organizations have better quality performance (better care, better client outcomes, better work-life and reduced costs). Health PEI has restructured its oversight committee for quality and safety to reflect this. In the fall of 2014, Health PEI will transition to a single Quality and Safety Committee, which is comprised of members of the Board of Directors, community members, and Health PEI staff, including the CEO. The role of the Quality and Safety Committee is to provide leadership in promoting and supporting quality and safety. They are also responsible for providing oversight to the continuous quality and safety initiatives that are ongoing throughout Health PEI.

Various quality improvement activities are underway this year to ensure patient safety standards comply with national guidelines. The following three examples highlight some of this work.

- *Medication reconciliation in acute care:*
  In 2014-15, Health PEI will complete the full implementation of electronic medication reconciliation at all transitions of care (including admission, transfer and discharge) in hospitals across the province. Medication reconciliation is a process that ensures accurate and comprehensive medication information is communicated consistently across all points of care. The ultimate goal of medication reconciliation is to prevent adverse drug events.

- *Infection prevention and control:*
  A new hand hygiene policy will be implemented. Hand hygiene is an important strategy for preventing health care associated infections. The requirements of the policy include the provision of basic and ongoing training to staff and physicians, and expansion of the audit program to ensure compliance with the policy.

- *Falls reduction in long-term care:*
  A recent project completed in a long-term care unit as part of Health PEI's Pursuing Quality and Excellence program implemented several improvements that reduced the number of falls by residents. This year these improvements will be implemented in all of Health PEI's long-term care facilities. In addition, a standardized way of measuring and reporting falls will be developed and monitored to evaluate the impact and effectiveness of these changes.

Improvements to reduce the number of falls by residents will be implemented in all Health PEI long-term care facilities.

Performance Measures	Baseline 2012-13	Result 2013-14	Target 2014-15
Hospital standardized mortality ratio	95	≤5	≤100
Adverse events for incident severity levels 4 & 5 per 1,000 patient days – acute and extended care	0.10	0.26	0.23
Adverse events for incident severity levels 4 & 5 per 1,000 patient days – long term care	0.13	0.10	0.09

Objective 1.2 Embed the philosophy of Person-Centered Care

Person and Family-Centered Care
Person and Family Centered Care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care by promoting and supporting patients, clients and their families as active participants in their care and decision-making.

- A major focus this year will be on seniors that have been admitted to hospital. Seniors currently make up a large percentage of the hospital population and once admitted are at serious risk for functional decline and immobility. The activities associated with this initiative in 2014-15 will be to adopt a more person-centered care approach to seniors and their families on two medical units within Island hospitals.

Health PEI Goal – Quality

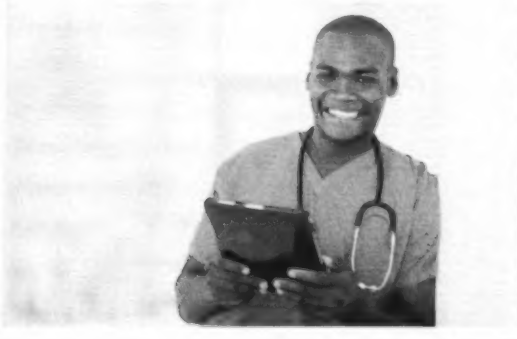
- The Comprehensive Continuous Integrated System of Care (CCISC) is a best practice framework for person driven system design. The vision of the CCISC is to support quality and access improvements in Mental Health and Addictions so all programs become more welcoming, hopeful, strength-based, recovery / resiliency oriented, and person-centered for individuals and families with, or at risk of, co-occurring mental health and addiction conditions. The first phase of implementing this framework was completed in the winter of 2014 with over 25 teams (approximately 200 staff) participating. The next phase has commenced and team-based improvement work plans for each of the programs will be in place by summer 2014.
- A final example of a specific initiative is the establishment of a Patient and Family-Centered Care Committee at the Queen Elizabeth Hospital. The purpose of this committee is to provide leadership, advocate for, promote and support patient and family-centered care by partnering with family, staff, physicians and senior management. Activities this year will focus on development of the committee, and promoting education for employees on the philosophy of patient and family-centered care.

Collaborative Model of Care

The Collaborative Model of Care (CMoC) began implementation at Health PEI in 2010-11 and includes education components, as well as tools and processes that embed the philosophy of person-centered care. To date, more than 60 full time equivalent positions have been added throughout the province as a direct result of the CMoC. There has also been an increase of more than 120,000 patient care hours to the Island's health care system. This year the CMoC enters the final phase of the initiative. Work in 2014-15 will focus on beginning the implementation process in a number of specialty sites. The monitoring and evaluation of CMoC sites will also continue, as will the ongoing implementation of the tools and processes necessary to support the healthy functioning of the new models.

Performance Measures	Baseline 2012-13	Result 2013-14	Target 2014-15
Patient survey - percent patients who rated their overall hospital stay as greater than or equal to nine out of ten*	--	66%	73%

* Baseline data is from April to November 2013.



Collaborative Model of Care enters the final phase of implementation with focus on a number of specialty sites.

Objective 1.3 Promote improved health outcomes through prevention and education

The Department of Health and Wellness has the primary responsibility for health promotion and primary prevention through the work of the Chief Public Health Office and PEI's Health and Wellness Strategy. Health PEI works closely with the department on this objective, as well as non-governmental organizations and other community partners to support better health for Islanders. In addition to the strategic priorities identified below, Health PEI will also be implementing service level recommendations to improve the delivery of services to non-English speaking Islanders within the primary care networks.

Continue to develop and implement programs focused on providing effective self management supports to people with chronic conditions.

Integrated Chronic Disease Prevention and Management
Last year, Health PEI released *Stemming the Tide*, which is a chronic disease prevention and management framework for the next five years. Priorities for this year include continued implementation of programs that are focused on providing effective self management supports to people with chronic conditions. These programs offer education and management advice to clients and their families, as well as promote awareness and prevention in the community.

A number of key activities this year will focus on children with diabetes and supporting stroke survivor's reintegration into the community. In addition to enhancements to program delivery, Health PEI in collaboration with the Department of Health and Wellness, will launch two new three year strategies for diabetes and cancer this year.

Public Health
In addition to the Public Health programs currently underway, Health PEI will launch two new programs in 2014-15 that focus on promoting improved health outcomes through prevention and education for young children and their families.

- *The New Beginnings Program* is an eight week program which focuses efforts on supporting new babies and their families from post discharge to eight weeks of age.
- *Launching Little Ones . . . Growing Up Great* is an enhanced evidenced-based assessment and support program that will be used at the two and four month child health clinics, as well as a new web-based resource page for parents through the Health PEI website.

Health PEI Goal – Quality

Community Dietitian Services Review
A review of community dietitian services within Health PEI was conducted to determine the current scope of services offered across Health PEI and to identify potential gaps and overlaps in services. The review provides recommendations for the optimal role of Health PEI dietitians working in community settings, program development and clinical oversight, and better alignment of services with Health PEI's strategic direction. This year Health PEI will commence with the implementation of these recommendations to support improved health for PEI residents.

Advance Care Planning
Health PEI will enhance its role in providing education and information to the public on Advance Care Planning (ACP) this year. ACP involves having conversations with family, friends, and health care providers regarding future health care treatment so your wishes are known in case you become incapable of expressing your decisions. Public information workshops will be taking place across the Island in 2014-15 to provide Islanders with information on ACP and to provide them with the opportunity to ask questions about making Advance Care Plans. In addition to the public workshops, education and training sessions will continue to be provided to staff and physicians.

Dementia Care
Health PEI is also focusing its efforts on working with community partners to support those living with dementia as well as their care givers. Health PEI will work with the Department of Health and Wellness to allocate resources to begin implementation of the following:

- Increased prevention initiatives and public awareness of dementia;
- Enhanced leadership, education, training and supports for health care providers; and
- Enhanced quality of services and supports for people with dementia and their care givers across the continuum of care.

Performance Measures	Baseline 2012-13	Result 2013-14	Target 2014-15
Participants in the diabetes program with an A1C of ≤7 %[€]	–	42%	50%
Percent participation of population aged 50 to 74 years old in colorectal cancer screening program within the past 2 years[£]	18%	20%	22%
Hypertension screening within participating Health PEI health centers[₹]	–	96%	98%
Ambulatory care sensitive conditions discharges per 100,000 under 75 years	484.4	443.6	430
Number of PEI residents who received influenza vaccine in Health PEI community clinics[ʊ]	13,455	21,700	21,700 ± 10%
Percent of children born in PEI immunized under the age of 2	84%	84%	87%

[€] First year of available data.
[£] Two-year screening interval. This indicator only tracks screening rates through the Colorectal Cancer Screening Program.
[ʊ] Program changes in the fall of 2014-15 may reduce the utilization of Health PEI community clinics for influenza vaccination.
[₹] Data to date for charts pulled week of September 16-20, 2013. Total for all 3 sites to date is 129/134 charts (96%) had their blood pressure checked (Eastern Kings, Central Queens, Harbourside).

Objective 1.4 Foster a healthy work environment

In 2014-15, Health PEI will concentrate efforts on supporting a healthy work environment through a variety of ongoing activities.

Attendance Management Program
In recent years there has been a great deal of public discussion about the "cost of sick leave" in the public sector. The cost of leave due to an illness or medical need for Health PEI in 2013-14 was close to $12 million for our more than five thousand employees. Health PEI recognizes the importance of supporting staff to maintain regular attendance in the workplace as it is critical to ensuring that residents of PEI receive access to quality healthcare. As an employer it is Health PEI's responsibility to provide a work environment that supports employee well-being and regular attendance. In the fall 2014, Health PEI will implement an Attendance Management Program which will provide a consistent and fair process for managing employee attendance while providing individual flexibility as needed.

Leadership Pathways
Work to advance the practice of leadership at Health PEI continues to be an important area of focus within the organization. For the coming year, efforts will concentrate on embedding components of the *LEADS in a Caring Environment*" a national leadership competency framework. This year, Health PEI will launch several LEADS based tools for managers including: leadership profiles; leadership performance and development plans; and 360 assessments for various levels of management. These activities are being carried out to support leaders within the organization by providing them with the tools and information necessary to be responsive to the health needs of Islanders.

Development and engagement of medical leadership
PEI's medical leadership has a critical role to play in the coordination of care across the continuum of health services in the province. In 2014-15, a programmatic approach will be developed and implemented to improve the way in which medical services are distributed across the Island. Medical leadership will be actively engaged in this process in order to ensure that there is broad coverage of services available to Islanders when it is needed.

Workplace Resilience
Over the coming year efforts will continue to ensure that Health PEI's workplaces are safe, respectful, healthy and that teams are resilient. The recently published *How We Live Our Values: Health PEI Code of Conduct* will be communicated and distributed to all staff as a tool that outlines the behaviors and principles that are to be adhered to by all staff in the workplace. Additionally, education and engagement on psychological health and safety in the workplace will be provided to Health PEI leadership. A business and implementation plan for a Health PEI psychological health and safety program will be developed based on elements of the Canadian Mental Health Commission Standard.

Performance Measures	Baseline 2012-13	Result 2013-14	Target 2014-15
Employee survey – percent employees responded favourably to the question "overall, how satisfied are you with your job"[¤]	77%	--	≥75%
Sick days per full-time equivalent	11.9 days/FTE	12.6 days/FTE	11days/FTE

[¤] Baseline data is from 2011-12. Target and result are not applicable for 2013 since survey is only conducted every 2 years.

GOAL 2 – ACCESS

We will provide access to appropriate care by the right provider in the right setting

Objective 2.1 Reduce wait times in priority areas

Primary Care Providers

In recent years there have been improvements made in the amount of time that it takes some Islanders to access their Primary Care Providers. A number of these improvements have been achieved by implementing changes in several primary care networks through Advanced Clinical Access (ACA) projects. ACA is a methodology designed to increase and / or improve access within a physician's office: it is based on the principle that when supply matches demand, there are no unintentional waits in the system so when a patient seeks an appointment, they can get one.

In 2014-15, implementing the ACA projects will continue in several of PEI's primary care networks. Family Practitioners will be the main focus of the projects. Health PEI has set a target of seven days for a routine appointment to access a family physician and is actively working toward delivering on this goal. In addition, ACA projects will be explored with other specialists.

Performance Measures	Baseline 2012-13	Result 2013-14	Target 2014-15
Third next available appointment to access primary care physician[£]	--	--	7 days
Utilization of 24 hour acute care emergency departments (QEH & PCH) for triage levels 4 and 5	41.4%	39.7%	40%
Utilization of14 hour emergency department (KCMH) for triage levels 4 and 5	44.8%	52.4%	45%
Utilization of collaborative emergency centre (Western Hospital) for triage levels 4 and 5[§]	77.0%	73.1%	--

[£] Baseline data will be captured in 2014-15 from voluntary physician submission.

[§] Target is not applicable due to primary function of Western Hospital emergency department as an urgent care clinic for West Prince.

Mental Health Services

Reducing wait times and improving access to mental health services continues to be a major priority for Health PEI. In 2014-15, efforts to improve access to mental health services for Islanders in need will continue, and increasing the supports available to youth and seniors will be a priority. Appropriate indicators to monitor access to mental health services are under development. Within community mental health, Health PEI has set an access target of nine and 28 days for urgent and semi-urgent clients, respectively.

Collaborative Mental Health Care Integration with Primary Care

Health PEI will work to identify opportunities for collaboration between mental health and primary care. The goal of these efforts is to build capacity within the primary care networks to provide care for individuals with mild to moderate anxiety and depression. This will ensure the provision of appropriate care when it is needed.

Children's Mental Health Services

In recent years, the need for improved access to mental health services for the Island's youth population has become increasingly apparent. Since 2003-04, inpatient admissions for child and youth mental health conditions have almost doubled and the wait times for child and youth mental health services continues to exceed the wait times for adults. Meeting the mental health needs of this population will take a coordinated and collaborative approach from a number of youth driven sectors, including Health PEI. A children's mental health service will be developed this year. This service will focus on intensive behavioral assessment, consultation, treatment, as well as system support and development.

Senior Mental Health Resource Team

The community based Seniors Mental Health Resource Team (SMHRT) at the McGill Center currently operates as a specialized inter-disciplinary mental health outreach team and functions in a way that is consistent with the standards of the Mental Health Commission of Canada and clinical standards of the Canadian Coalition for Seniors Mental Health. Specialized psychology and psychiatry resources support the core team of front line staff of geriatricians, home care, primary care, and long-term care staff in diagnosis, care planning and medical support. At this time, the SMHRT at the McGill Center has the capacity to serve residents of Queens County only and therefore a portion of the Island population does not have access to this service. In 2014-15, Health PEI will seek opportunities to expand this service to Prince County in order to increase capacity and improve Island wide access to mental health services for seniors.

Performance Measures	Baseline 2012-13	Result 2013-14	Target 2014-15
Youth clients seen by community mental health services within current access standards[€]	--	53.6%	60%
Adult clients seen by community mental health services within current access standards[€]	--	67.4%	68%

[€] First year of available data.

Health PEI Goal – Access

Addictions Services

This year Health PEI will focus on taking a more person-centered care approach in addictions by helping individuals navigate the system more easily during their treatment. Providing individuals with this support is expected to not only benefit the individual navigating the system, but it will also increase access to services by helping move people through the system in a more efficient manner. In addition, several new services will be introduced this year.

Introduction of a new 10-bed addictions transition unit that offers a four week program focused on rehabilitation and relapse prevention.

Transition Unit

For clients who have completed inpatient withdrawal management but require additional support before returning to the community a 10-bed addictions transition unit will be established. This four week program will be focused on rehabilitation and relapse prevention. The transition unit will improve wait times, as well as provide more comprehensive programming and individualized approach to care. For clients, this means better access, continuity of care, and enhanced support for a successful recovery.

Community-Based Addictions Medicine Service

A community-based addictions medicine service for the provision of low-threshold pharmacotherapy addictions services for opiate addictions will be established. This service will significantly reduce the wait times for those who require this service.

Performance Measures	Baseline 2012-13	Result 2013-14	Target 2014-15
Wait time for inpatient withdrawal management	6.9 days	8.3 days	7.5 days

The Restorative Care Pilot Project will become a permanent, expanded program within the long-term care system.

Long-Term Care

Island seniors are often pre-maturely admitted to long-term care facilities. Frail elder seniors in hospital settings are highly sensitive to rapid functional impairment and decline. Timely and coordinated interventions can promote improved health and reduce the need for institutional based care and services as opposed to those potentially available in community-based settings.

In 2012, a collaborative partnership among long-term care, home care and acute care launched a restorative care pilot project at the Prince Edward Home (PEH) in Charlottetown. The aim of the project was to optimize functional capacity and well-being amongst the senior population at risk for institutionalization. The project designated several beds at the PEH for restorative purposes. The care for seniors in these beds is focused on regaining the strength, endurance, and confidence needed to return to the community. The project has had a positive impact on the seniors participating in the program, including a decrease in the number readmitted to acute care and a high proportion returning to the community.

In 2014-15, this pilot project will become a permanent program within the Health PEI long-term care system in order to promote quality outcomes, ensure appropriate placement, and prevention of deconditioning while in hospital. The scope of the program will also be broadened to reach vulnerable seniors in the community in order to prevent a possible future hospitalization.

Performance Measures	Baseline 2012-13	Result 2013-14	Target 2014-15
Wait time in days from hospital bed to any long-term care facility (public or private)[v]	64.5 days	58.0 days	52.0 days
Length of stay in long-term care for people aged 65 and over[v]	2.6 years	2.7 years	2.5 years

[v] Excludes Hillsborough Hospital.

Health PEI Goal – Access

Elective Surgical Services

The Same-Day Surgery Department at the QEH will expand in 2014-15 to improve the quality of care for PEI residents by providing a broader range of scheduled outpatient services. This year's expansion includes:

- An increase in the number of day surgery spaces at the hospital;
- Additional consultation rooms to provide space for more pre-surgical and post-surgical procedures and allow for post-operative recovery rather than transferring patients to the surgical nursing unit;
- A dedicated space for post-operative caesarian-section patients to ensure appropriate privacy for families and their new babies;
- A separate Ophthalmology Surgical Suite will allow timely access to cataract surgery and reduce wait times.

Performance Measures	Baseline 2012-13	Result 2013-14	Target 2014-15
Percent of cataract surgeries completed within access standard of 16 weeks	59.4%	46%	90%
Percent of hip replacement surgeries completed within access standard of 26 weeks	56.3%	77%	90%
Percent of knee replacement surgeries completed within access standard of 26 weeks	37.8%	62%	90%

Emergency Services

Emergency Department Transitions at the Queen Elizabeth Hospital

To reduce congestion and wait times in the emergency department at the QEH, the internal processes for transitioning from the emergency department to in-patient beds for patients needing to be admitted are currently under review. Once this review has been completed, strategies will be identified to improve the efficiency of these transitions and increase access in the emergency department.

Reduce congestion and wait times in the emergency department at the QEH by improving transitions to in-patient beds for patients who need to be admitted.

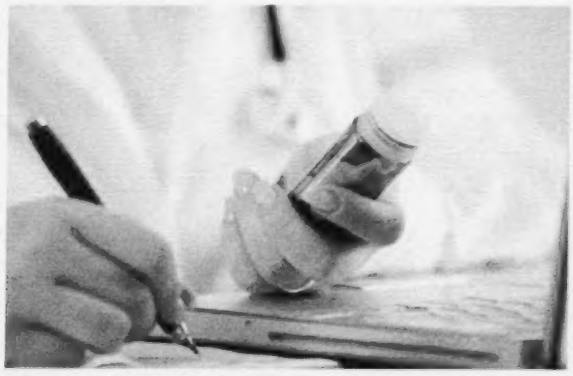
Provincial Trauma Registry

In collaboration with New Brunswick, a provincial trauma registry will be investigated this year whereby trauma data for PEI will be captured in the New Brunswick Trauma Registry. This collaboration will facilitate consistent data collection and the establishment of provincial benchmarks for national and regional comparison. Once established, the data will also be used for ongoing provincial program development and quality improvement activities.

Pharmacy Technician Support in Emergency Departments

Best Possible Medication History (BPMH) is a process where steps are taken to retrieve the most current, accurate information of patients' home medications. A BPMH is obtained in a variety of health care settings, including the emergency department (ED), and can take a significant amount of time to complete. Within a busy emergency department - high volumes, great diversity of patients and frequent interruptions, completing an accurate BPMH is often a challenge for medical and nursing staff. To improve patient flow in the QEH ED, pharmacy technicians will be added to the ED. Placing pharmacy technicians in the ED to complete BPHM's will ensure that nursing staff are available to focus on providing patient care and it is also expected to impact on the ability of ED physicians, hospitalists and internal medicine specialists to admit patients without having to duplicate effort or be concerned about the integrity of the data they are using to create admission medication orders.

Performance Measures	Baseline 2012-13	Result 2013-14	Target 2014-15
Percent of patients who left without being seen at 24 hour acute care emergency departments (QEH & PCH)	7.5%	8.2%	6%
Percent of patients who left without being seen at 14 hour emergency department (KCMH)	1.3%	1.4%	≤4%
Percent of patients who left without being seen at collaborative emergency centre (Western Hospital)	2.4%	2.5%	≤4%



Pharmacy technicians will be added to the QEH Emergency Department to retrieve the most current, and accurate information of patients' home medications.

Health PEI Goal – Access

Objective 2.2 Improve access to care for specific populations

Frail Seniors with Complex Health Needs
Improving access to care for frail seniors with complex health needs continues to be an area of focus for Health PEI. The organization continues to integrate recent enhancements to the home care program across the health system to facilitate coordination of care.

This year, Health PEI will focus on a new model of care for frail seniors with complex health needs. Two projects for this year include developing an expert integrated care team, and a frail senior care pathway. Additional efforts will also be concentrated on increasing the level of direct care available to frail seniors.

Children with Complex Needs
As one of Health PEI's strategic priorities, improving coordination and access to programs, services, and care for children with complex needs and their families continues to be an area of focus. This work focuses on children and youth up to 18 years of age and their families who require additional, health, social, or educational support, beyond what is required by children in general. Work this year will focus on developing a model for preschool assessment teams and allocating resources to ensure services are integrated and coordinated to reduce wait times. Further to this, enhancements will be made to pediatric psychology, audiology, speech language pathology, orthoptics, occupational therapy and physical therapy.

Health PEI will continue to improve coordination and access to programs, services, and care for children with complex needs and their families.

Aboriginal Populations
In January 2014, a clinic opened at the Abegweit Wellness Centre in Scotchfort to provide physician services and procedures such as blood work in the community. Throughout the coming year the clinic will offer additional services such as a "Diabetes Breakfast" beginning in May 2014. As part of this initiative, people with diabetes in the community will be invited to the wellness center for a diabetes-appropriate breakfast and be provided with an opportunity to have their blood pressure and weight checked as well as their fasting glucose measured before eating.

In 2014-15, Health PEI will also be undertaking policy and planning work in collaboration with the province, the Federal Government and PEI First Nations communities. As part of this work a cultural awareness and sensitivity training program has been developed and will be delivered within Health PEI.

French Language Services

In order to improve access to care for the Island's French speaking population, Health PEI will continue to work with the Acadian and Francophone Community on areas of mutual priority. Priorities for 2014-15 include:

- Collaboration with the PEI French Health Network to implement the recommendations outlined in the *French Language Services in Home Care Report,* which was released in March 2014;
- Continued identification of French speaking staff and physicians within Health PEI; and
- Continued access to information in French on our Website, through press releases, and publications as well as access to the 811 service in French.

Newcomer Populations

To better serve the Island's growing newcomer population, in 2008 Health PEI, in collaboration with the PEI Association for Newcomers to Canada, opened a newcomer immunization clinic. This clinic provides necessary immunizations to newcomer clients so that they meet Canadian immunization standards, as well as public health nursing assessments for children attending the clinic. Priorities for 2014-15 include:

- Further integration of additional services and programs at the clinic;
- Developing additional multilingual communication tools for the major languages represented on PEI;
- The development and distribution of diversity education tools within Health PEI to encourage the application of diversity concepts among staff.
- Closer collaboration with local settlement agencies and newcomers to integrate stakeholder perspectives in diversity planning activities and to identify future policy priorities as they relate to newcomers.

GOAL 3 – EFFICIENCY

We will optimize resources and processes to sustain a viable health care system

Objective 3.1 Utilize technology to improve the quality, safety, and continuity of care

Electronic Health Record

Adoption of the provincial interoperable Electronic Health Record (EHR) began over a decade ago and is being implemented across Health PEI in phases. The EHR provides each Islander with a single comprehensive, private and secure electronic record of their health history and care. This year, the focus of this multi-year initiative includes:

- Completion of the Computerized Provider Order Entry project (CPOE) initiative in hospitals across Heath PEI. CPOE permits all clinicians' orders to be available in electronic format and gives nursing staff better tools to safely deliver patient medications.
- Initiate the next phase of this initiative to select, procure and implement an integrated, provincial Electronic Medical Records (EMR) solution that will be used by primary care providers in community settings. This phase of the EHR provides a critical link between existing EHR components and our primary care practices. Health PEI, the Department of Health and Wellness, Information Technology Shared Services (ITSS) and Medical Society of PEI are working jointly on this initiative.

Health PEI will work with partners to select and procure an integrated provincial EMR solution.

Remote Patient Monitoring for Heart Failure

This year, Health PEI has received funding from Canada Health Infoway to complete the planning and preparation required to implement an evidence-based and patient-centered initiative to support care delivery for heart failure patients through remote patient monitoring (RPM). Once this phase is completed, Health PEI will be seeking additional funding for implementation. RPM is a technology solution that enables health care professionals to monitor patients with certain conditions outside conventional care settings. Connecting the patient and a care provider through technology and equipment for RPM will allow the patient to remain at home and based on the success of this approach in other jurisdictions of Canada, it is expected to significantly improve the health outcome of patients with heart failure as well as reduce ED visits, avoidable acute care re-admissions, and average length of stay while supporting self-management.

Performance Measures	Baseline 2012-13	Result 2013-14	Target 2014-15
STAT lab tests meeting turnaround time	84.8%	86.2%	90%
Pharmacy orders placed on-line by physicians[Σ]	--	87%	90%
Medication reconciliation completed on admission using CPOE in acute care[Ψ]	--	89.5%	95%

[Σ] Baseline data is from January to March 2014.

[Ψ] Baseline data is from November to March 2013/14 for the QEH and June to March 2013/14 for PCH. Other PEI hospital data will be added in subsequent years.

Objective 3.2 Improve management of bed utilization across the system

Overall Average Length of Stay Initiative (OALoS)

Last year Health PEI launched a system wide quality improvement project as part of the organization's Pursuing Quality and Excellence program called the "OALoS Initiative." The initiative applies Lean / Six Sigma methodology to a number of projects within the organization with the aim to reduce patients overall length of stay to meet the national benchmark. This reduction in length of stay will help ensure that acute care hospital beds are available for our sickest Islanders when they need them.

Reduce patients overall average length of stay to meet national benchmark.

Upon completion of the OALoS initiative in December 2014, 32 quality improvement projects will be completed with the aim of reducing the average length of stay in PEI's acute care beds for its four acute care hospitals to 7.3 days.

INSPIRED Program

Another example of an initiative that will improve patient care, reduce visits to the emergency department and improve management of bed utilization across PEI's health system is the INSPIRED (Implementing a Novel and Supportive Program of Individualized care for patients and families living with REspiratory Disease) program, which Health PEI is implementing this year. COPD is currently the fourth leading cause of death in Canada and the most responsible cause of hospital admissions for ambulatory care sensitive conditions in PEI. This new program supports patients with and families living with moderate to severe chronic obstructive pulmonary disease (COPD) and builds on previous work that Health PEI has undertaken for this patient population since 2010, including the development of an acute COPD pathway as well as a COPD program in primary care networks across the province. The INSPIRED program is patient-centered, supports family and caregivers, and reduces reliance on hospital-based care. Through INSPIRED, patients and families receive self-management education, psychosocial and spiritual care support and advance care (end-of-life) planning.

Implement the INSPIRED Program *(Implementing a Novel and Supportive Program of Individualized care for patients and families living with REspiratory Disease).*

Better Health and Lower Costs for Patients with Complex Needs

Health PEI has been selected as one of 10 Canadian projects to participate in the Institute for Health Care Improvement international collaborative on Better Health and Lower Costs for Patients with Complex Needs. During this one year project and with an initial focus on ambulatory care sensitive conditions, Health PEI will plan and implement comprehensive care designs that serve the needs of our most complex, high-risk, and costly patients resulting in better health outcomes, a better care experience, and lower total cost.

Performance Measures	Baseline 2012-13	Result 2013-14	Target 2014-15
Overall average length of stay in acute care facilities[Δ]	8.9 days	9.1 days	7.3 days

[Δ] Indicator is tied to the OALoS initiative and includes the following acute care facilities QEH, PCH, KCMH and WH.

Health PEI Goal – Efficiency

Objective 3.3 Improve the coordination of care across the continuum of health services

Improve the end-of-life experience for cancer patients and their families by improving their access to symptom control at home and after care hours.

Paramedics Providing Palliative Care at Home

Many crises for cancer patients at home occur outside of regular business hours and options for these patients and their families are currently limited. A three year pilot project will commence this year to improve the end-of-life experience for cancer patients and their families by improving their access to symptom control at home and after care hours. This pilot project, which is a joint initiative with Nova Scotia, will train paramedics on pain and symptom management for palliative care cancer patients to help manage crises in the home. This will allow the patient to remain at home if that is their wish, reduce unnecessary ED visits and hospital admissions, and decrease unwanted medical interventions at end-of-life.

Interfacility Transfers

PEI's network of hospitals and health care facilities work together every day to ensure patients receive the best care possible by the most appropriate team of health care providers and in the most appropriate health care facility. To ensure that patients are receiving the best care they need when they most need it, Health PEI is currently implementing steps to improve the process of patient transfers between facilities. This year, a Standard Process for Interfacility Transfers will be implemented so that the transfer process is efficient and clear not only to staff working in our hospitals but also for patients and their families.

Performance Measures	Baseline 2012-13	Result 2013-14	Target 2014-15
Census for patient coded as alternate level of care in acute care facilities[n]	64.9	62.4	58
Number of inpatients in emergency department awaiting acute care beds per day	11 patients	10 patients	10 patients

[n] Includes the following acute care facilities QEH, PCH, KCMH and WH.

Health PEI Goal – Efficiency

Objective 3.4 Effective Resource Management

Sourcing of High Value / High Savings Contracts
Health PEI continues to review our annual spending to find new and more cost effective supplies, to group products provincially to maximize purchasing power, as well as to identify areas for harmonization and standardization. As an organization we are working closely with our group purchasing organizations (GPOs) to transition appropriate contracts where savings have been identified. Over the last two years Health PEI has saved approximately $1.7-million annually through both GPO and privately negotiated contracts.

Work with group purchasing organizations to transition contracts for savings. These savings will support investments in health services.

The savings resulting from these changes are accrued through purchase of capital, consumables, and services and have no negative impact on patient care. The savings can be reinvested back into services and directly contribute to the effective use of Health PEI resources.

Develop Organizational Supply Chain Strategy
Efforts are currently underway to develop a strategic and systematic approach to supply chain management within Health PEI. Health care supply chain management is the management of the procurement, transportation, warehousing and distribution of resources required for health care service delivery. Development of this strategy is seen as a critical step in the organization's movement toward a truly provincial health care system with increased accountability, provincial standardization and value for money while supporting improvements in clinical processes and outcomes.

In order to achieve progress in this area in 2014-15, the mandate and responsibilities of the materials management department in the supply chain process will be clearly defined. The development of a clear mandate will contribute to effective resource management through improved co-ordination of / accountability for procurement processes between materials management and the end user departments.

Performance Measures	Baseline 2012-13	Result 2013-14	Target 2014-15
Annual variance between budget and actual results as documented in Health PEI annual financial statements[ħ]	$13.92 M surplus	$6.39 M[₹] surplus	$0
Over-time days per full-time equivalent	5.96 days/FTE	6.01 days/FTE	5.8 days/FTE

[ħ] Includes all capital grants and other capital contributions.
[₹] Forecasted number, actual number will be provided in 2013-14 Annual Report.

Budget and Resource Summary

Table 1. Budget and Resource Summary

Core Business Area	2014-2015 Budget Estimate	2013-2014 Forecast	2013-2014 Budget
EXPENDITURE ($)*			
Corporate Services and Long-Term Care	90,404,400	87,134,500	86,161,600
Financial Services and Pharmacare	50,339,500	48,598,400	49,505,900
Health Information Management	6,564,300	6,018,700	6,418,500
Medical Affairs and Diagnostic Imaging	161,704,100	162,256,500	155,923,500
Chief Nursing Office and Lab Services	19,971,600	20,662,400	19,739,300
Acute Care, Mental Health and Addictions	237,107,900	235,291,800	231,702,000
Community Health	40,427,400	37,445,800	38,631,800
Gross Expenditure	**606,519,200**	**597,408,100**	**588,082,600**
Operating Revenue	**25,384,900**	**24,345,400**	**24,343,100**
Net Operating Expenditure	**581,134,300**	**573,062,700**	**563,739,500**
Capital Revenue	**4,026,500**	**6,387,400**	**4,877,600**
Capital Plan ($)μ			
Capital Improvements and Repairs	10,213,900	14,210,500	9,732,600
Capital Equipment	5,169,200	12,614,800	7,987,100
Total Capital Expenditure	**15,383,100**	**26,825,300**	**17,719,700**

Full-Time Permanent Equivalents (Direct FTEs)Σ	2014-2015	2013-2014
Corporate Services and Long-Term Care	806.45	790.00
Financial Services and Pharmacare	159.55	155.25
Health Information Management	36.00	36.00
Medical Affairs and Diagnostic ImagingΩ	210.30	211.55
Chief Nursing Office and Lab Services	131.25	134.75
Acute Care, Mental Health and Addictions	2,034.02	2,040.44
Community Health	415.95	396.10
Total FTEs	**3,793.52**	**3,764.09**

* PEI Estimates of Revenue and Expenditures 2014/15.

μ 2014-2015 Capital Budget and Five-Year Capital Plan. Capital investments ensure the province's health infrastructure is maintained and modified or expanded to meet the health service needs of our changing demographics. The health sector invests in health facilities, such as hospitals (e.g., QEH Redevelopment), manors and clinics. Capital investment is also made in medical equipment including CT scanners, laboratory systems and surgical equipment. Five-year capital plans are prepared annually to ensure that the significant costs associated with capital investments are strategic, cost-effective, and align with other health sector planning.

Σ Full-time equivalency information for 2014/15 was derived from Health PEI Budget Books. Permanent FTEs, including permanent vacancies are included.

Ω FTEs for Medical Affairs and Diagnostic Imaging includes all staff, including salaried physicians (Medical Affairs - 9 staff, 3.80 PEINU and 98.25 physicians, Diagnostic Imaging - 99.25). Fee-for-service, contract and sessional physicians (as of March 2014, total 132.4 FTEs) are not included.

Appendices

Appendix A – Strategic Performance Indicators

Appendix B – Health PEI Organizational Structure

Appendix A

Strategic Performance Indicators

Objective		Measure	Baseline 2012-2013	Actual 2013-2014	Target 2014-2015
Quality					
Ensure appropriate patient safety standards are met		Hospital standardized mortality ratio	95	95	≤100
		Adverse events for incident severity levels 4 & 5 per 1,000 patient days – acute and extended care	0.1	0.26	0.23
		Adverse events for incident severity levels 4 & 5 per 1,000 patient days – long term care	0.13	0.1	0.09
Embed the philosophy of person-centered care		Patient survey - percent patients who rated their overall hospital stay as greater than or equal to nine out of 10[1]	--	66%	73%
Promote improved health outcomes through prevention and education		Participants in the diabetes program with an A1C of ≤ 7 %[2]	--	42%	50%
		Percent participation of population aged 50 to 74 years old in colorectal cancer screening program within the past 2 years[3]	18%	20%	22%
		Hypertension screening within participating Health PEI health centers[4]	--	96%	98%
		Ambulatory care sensitive conditions discharges per 100,000 under 75 years	484.4	443.6	430
		Number of PEI residents who received influenza vaccine in Health PEI community clinics[5]	13,455	21,700	21,700 ± 10%
		Percent of children born in PEI immunized under the age of 2	84%	84%	87%
Foster a healthy work environment		Employee survey – percent employees who responded favourably to the question "overall, how satisfied are you with your job"[6]	77%	--	≥75%
		Sick days per full-time equivalent	11.9 days/FTE	12.6 days/FTE	11 days/FTE
Access					
Reduce wait times in priority areas	Primary Care Provider	Utilization of 24 hour acute care emergency departments (QEH & PCH) for triage levels 4 and 5	41.4%	39.7%	40%
		Utilization of 14 hours emergency department (KCMH) for levels 4 and 5	44.8%	52.4%	45%
		Utilization of collaborative emergency centre (Western Hospital) for triage levels 4 and 5[7]	77.0%	73.1%	--
		Third next available appointment to access primary care physician[8]	--	--	7 days
	Mental Health Services	Youth clients seen by community mental health services within current access standards[9]	--	53.6%	60%
		Adult clients seen by community mental health services within current access standards[9]	--	67.4%	68%
	Addiction Services	Wait time for inpatient withdrawal management	6.9 days	8.3 days	7.5 days
		Wait time for outpatient withdrawal management	5.1 days	7.4 days	5 days
	Long -Term Care	Length of stay in long-term care for people aged 65 and over	2.6 years	2.7 years	2.5 years
		Wait time in days from hospital bed to any LTC facility (public or private)	64.5 days	58.0 days	52.0 days
	Elective Surgical Services	Percent of cataract surgeries completed within access standard of 16 weeks	59.4%	46%	90%
		Percent of hip replacement surgeries completed within access standard of 26 weeks	56.3%	77%	90%
		Percent of knee replacement surgeries completed within access standard of 26 weeks	37.8%	62%	90%
	Emergency Services	Percent of patients who left without being seen at 24 hour emergency departments (QEH and PCH)	7.5%	8.2%	6%
		Percent of patients who left without being seen at 14 hour emergency department (KCMH)	1.3%	1.4%	≤4%
		Percent of patients who left without being seen at a collaborative emergency centre (Western Hospital)	2.4%	2.5%	≤4%
Efficiency					
Utilize technology to improve the quality, safety and continuity of care		STAT lab tests meeting turnaround time[9]	84.8%	86.2%	90%
		Pharmacy orders placed on-line by physicians[10]	--	87%	90%
		Medication reconciliation completed on admission using CPOE in acute care[11]	--	89.5%	95%
Improve management of bed utilization across the system		Overall average length of stay in acute care facilities[12]	8.9 days	9.1 days	7.3 days
Improve coordination of care across the continuum of health services		Census for patient coded as alternate level of care in acute care facilities[13]	64.9	62.4	58
		Number of inpatients in emergency department awaiting acute care beds per day[14]	11 patients	11 patients	10 patients
Effective resource management		Annual variance between budget and actual as documented in Health PEI annual financial statements[15]	$13.92 M surplus	$6.39 M surplus[16]	$0
		Over-time days per full-time equivalent	5.96 days/FTE	6.01 days/FTE	5.8 days/FTE

Technical Notes:

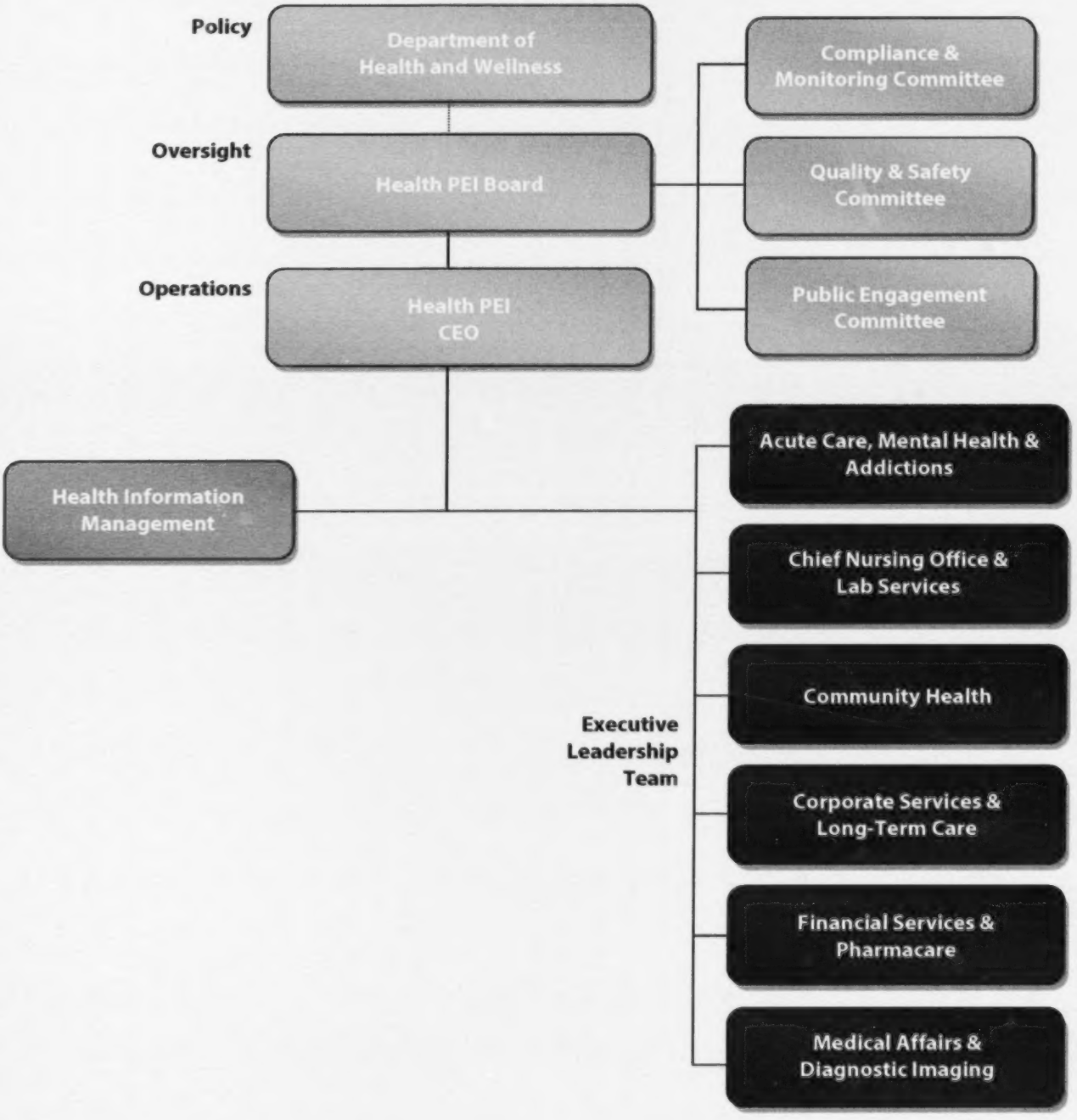
1 Baseline data is from April to November 2013
2 First year of available data
3 Two-year screening interval. This indicator only tracks screening rates through the colorectal cancer screening program.
4 Data to date for charts pulled week of Sept 16-20, 2013. Total for all 3 sites to date is 129/134 charts (96%) had their blood pressure checked (Eastern Kings, Central Queens, Harbourside)
5 Program changes in the fall of 2014/15 may significantly reduce the utilization of Health PEI community clinics for influenza vaccination.
6 Baseline data is from 2011/12. Target and result are not applicable for 2013 since survey is only conducted every 2 years.
7 Target is not applicable due to primary function of Western Hospital emergency department as an urgent care clinic for West Prince.
8 Baseline data will be captured in 2014-15 from voluntary physician submissions.
9 STAT lab test turnaround times includes lab turn aroud time plus the time it takes for physicians and nurses to place the order.
10 Baseline data is from January to March 2014.
11 Baseline data is from November to March 2013/14 for the QEH and June to March 2013/14 for PCH. Other PEI hospital data will be added in subsequent years.
12 Indicator is tied to the OALoS initiative and includes the following acute care facilities QEH, PCH, KCMH and WH.
13 Includes the following acute care facilities QEH, PCH, KCMH and WH.
14 Includes QEH, PCH and KCMH
15 Includes all capital grants and other capital contributions.
16 Forecasted number, actual number will be provided in 2013-14 Annual Report.

Additional strategic performance indicators currently under development include:

- Days waiting for long-term care by community and hospital
- Frail elderly / seniors with complex health needs
- CTAS level still under development
- Children with complex needs
- Patients with an expected date of discharge within 48 hours of admission

Appendix B

Health PEI Organizational Structure



Notes

Notes

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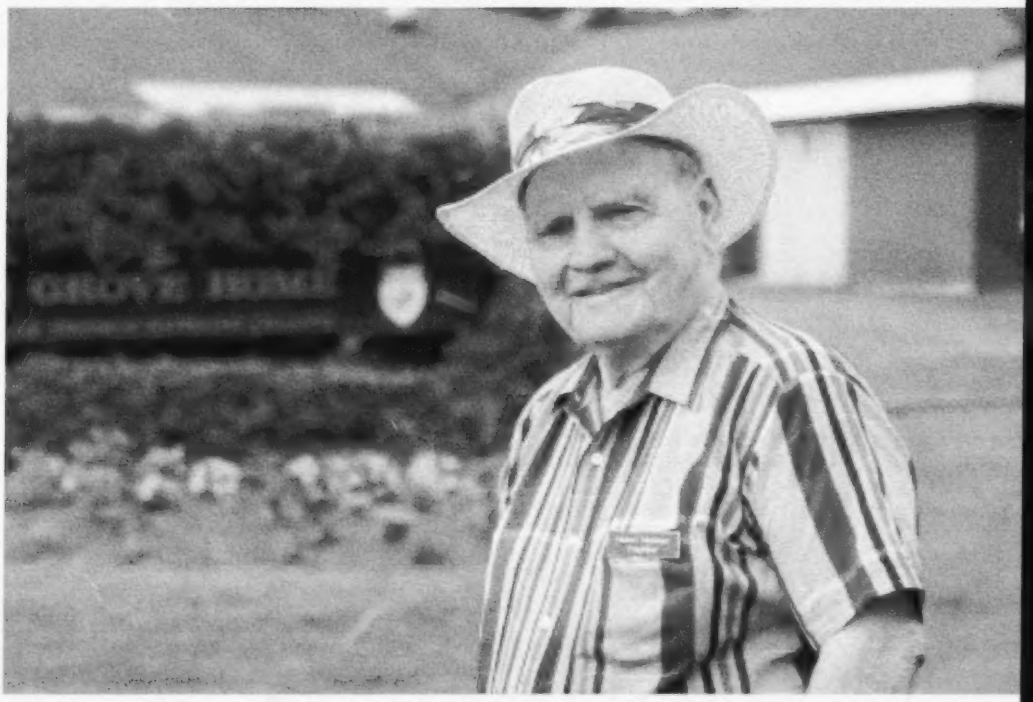

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